

ERIE COUNTY DEPARTMENT OF HEALTH (ECDOH)

INTERNSHIP APPLICATION

If you are interested in applying for an internship with the Erie County Department of Health (ECDOH), please fill out this form and attach the course syllabus, **from the program that requires you to complete an internship**, to this application. **Send this application, course syllabus, resume, cover letter and one (1) professional/academic letter of reference to MJ Carlo at carlom@erie.gov or by fax to (716) 858-8701. For additional questions, please call (716) 858-2737.**

Internships with the ECDOH are not paid. Applicants should contact our office to ensure all application materials have been received. Correspondence will be sent to you, via e-mail, indicating acceptance or denial. All applications are accepted/denied on a case by case basis. Acceptance is dependent on our needs at the time. Thank you.

Today's date: ____/____/____

Applicant's Name: _____

Applicant's Phone: _____ Applicant's E-mail: _____

College/University Name: _____

Internship Advisor's Name & Title: _____

Internship Advisor's Address: _____

Internship Advisor's Phone: _____ Internship Advisor's E-mail: _____

What is the name of the Program at your College/University that requires you to complete this internship?

What is the name of the School/Department at your College/University that the above Program falls under?

Will you receive school credits for this internship? Yes ☐ No ☐

Anticipated date of graduation (month & year): ____/____

Number of hours you are requesting to complete with the ECDOH: _____

Days & hours you can work: _____

Requested semester & year:

☐ Spring (Jan-May) _____ ☐ Summer (June-Aug) _____ ☐ Fall (Sept-Dec) _____ ☐ Other: _____

Specify the ECDOH program you are applying to intern with:

☐ Medical Examiner's Office ☐ Community Wellness ☐ Environmental Health

☐ Special Needs ☐ Epidemiology & Disease Control ☐ Other: _____

(For a full listing of programs go to <http://www2.erie.gov/health/index.php?q=node/20>)